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Bib Data Sheet

CONFIRMATION NO. 5581

|                                    |   |                     |                               |  |
|------------------------------------|---|---------------------|-------------------------------|--|
| <b>SERIAL NUMBER</b><br>09/897,042 | <b>FILING DATE</b><br>07/03/2001<br><b>RULE</b> | <b>CLASS</b><br>424 | <b>GROUP ART UNIT</b><br>1644 | <b>ATTORNEY DOCKET NO.</b><br>1614-0251P |
|------------------------------------|---|---------------------|-------------------------------|--|

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## \*\* CONTINUING DATA \*\*\*\*\*

THIS APPLICATION IS A CON OF 08/998,549 12/24/1997 ABN *OK-PN*

## \* FOREIGN APPLICATIONS \*\*\*\*\*

SWEDEN 9703531-5 09/30/1997 *OK-PN*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 08/03/2001

|   |                             |                     |                    |                         |
|---|-----------------------------|---------------------|--------------------|-------------------------|
| Foreign Priority claimed<br><input checked="" type="checkbox"/> yes <input type="checkbox"/> no   | STATE OR COUNTRY<br>AUSTRIA | SHEETS DRAWING<br>7 | TOTAL CLAIMS<br>20 | INDEPENDENT CLAIMS<br>2 |
| 35 USC 119 (a-d) conditions met<br><input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                             |                     |                    |                         |
| Verified and Acknowledged<br>Examiner's Signature <i>PAW</i> Initials   |                             |                     |                    |                         |

## ADDRESS

2292

## TITLE

Ion-anaphylactic forms of allergens and their use

|                             |   |  |
|-----------------------------|---|--|
| FILING FEE RECEIVED<br>1016 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees                              |
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